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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

09/824965
04/03/01

Address to: Assistant Commissioner of Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	12967-002001
	First Named Inventor	Tomohiro Kawase et al
	Original Patent Number	6,007,622
	Original Patent Issue Date	December 28, 1999
	Express Mail Label No.	EH956371007

APPLICATION FOR REISSUE OF:

(check applicable box)

 Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original and a duplicate for fee processing)		7. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (Proposed amendments, if appropriate)		9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy)		10. <input type="checkbox"/> * Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application, status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		11. <input type="checkbox"/> Preliminary Amendment	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		13. <input type="checkbox"/> Other: _____

* Note for items 1&10 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES A SMALL ENTITY STATEMENT IS REQUIRED (37 CFR § 1.27) except if one filed in a prior application is relied upon (37 CFR § 1.28)

14. CORRESPONDENCE ADDRESS					
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REISSUE APPLICATION FEE TRANSMITTAL FORMDOCKET NUMBER (Optional)
12967-002001**Claims as Filed – Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 22	Total Claims (37 CFR 1.16(j))	(B) 183 (Mult. Dep)	****	161 =	x \$ ____ =	or	x \$ 18 = 2,898.00
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 3	*	2 =	x \$ ____ =		x \$ 80 = 270.00 160.00
Basic Fee (37 CFR 1.16(h))				\$ ____			\$ 710.00
Total Filing Fee				\$ ____		OR	\$ 4,038.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))		MINUS	**	* =	x \$ ____ =	or	x \$ ____ =	
Independent Claims (37 CFR 1.16(i))		MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee				\$ ____		OR	\$ ____	

If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

Please Charge Deposit Account No. _____ in the amount of _____
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1050
 A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 4,038. to Cover the filing/additional fee is enclosed.

April 3, 2001

Date

Signature of Applicant, Attorney or Agent of Record

John B. Pegram

Typed or Printed Name

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